



# Artist's Information Sheet

Name	
Address	
City/State/Zip	
Phone(s)	
Fax	
E-mail	
Last 4 digits of your Social Security #	

☐ **If you want to audition in person, please put an "X" in the box at left.**

Check the categories in which you are applying.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> DANCE       | <input type="checkbox"/> FILM/VIDEO       | <input type="checkbox"/> LITERARY ARTS |
| <input type="checkbox"/> MUSIC       | <input type="checkbox"/> STORYTELLING     | <input type="checkbox"/> THEATER       |
| <input type="checkbox"/> VISUAL ARTS | <input type="checkbox"/> MULTI-DISCIPLINE |  |

Check the setting(s) in which you wish to work (see General Information for clarification):

- |  |  |
|--|--|
| <input type="checkbox"/> Artist in Residence     | <input type="checkbox"/> Teacher Training Programs |
| <input type="checkbox"/> Arts Education Projects |  |

Mail Application to:

Utah Arts Council  
Arts Education Program  
617 East South Temple  
Salt Lake City, UT 84102

Questions? (801) 320-9794  
Or Email: [jirwin@utah.gov](mailto:jirwin@utah.gov)